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CONFIRMATION NO. 7151

<b>SERIAL NUMBER</b> 10/661,458	<b>FILING OR 371(c) DATE</b> 09/10/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 8703-510	
<b>APPLICANTS</b> Gary W. Pace, Winchester, MA; Maree T. Smith, Bardonia, AUSTRALIA;					
<b>** CONTINUING DATA *****</b> <i>None</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 12/02/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 61834					
<b>TITLE</b> Methods and compositions for reducing the risk associated with the administration of opioid analgesics in patients with diagnosed or undiagnosed respiratory illness					
<b>FILING FEE RECEIVED</b> 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		